



A solidarity that works for you

SBTM-NIRBF-001

14035 Seneca Ridge DR, Hagerstown, MD

21740

registration@sobatam-na.org

BENEFICIARY DESIGNATION FORM

I, _____, residing at _____
_____, hereby state that I voluntarily enrolled
with SOBATAM, and I willingly designated the following people as my beneficiaries.

1. _____

2. _____

3. _____

4. _____

5. _____

The above beneficiary designation shall remain valid until revoked in writing.

_____/_____/_____

Member's Telephone Number/Email

Member's name

Member's signature (signed in presence of said Notary Public)

Notary Public's signature

_____/_____/____

Subscribed and sworn before me on

on this date (mm/dd/yyyy)

_____/_____/____

My commission expires on this date

Notary Seal



A solidarity that works for you

SBTM-NIRBF-001

14035 Seneca Ridge DR, Hagerstown, MD
21740

registration@sobatam-na.org

SBTM-NIRBF-001 INSTRUCTIONS

This form must be signed by a person currently enrolled with SOBATAM to designate beneficiaries who are not immediate relatives (spouse/domestic partner, child, mother, father). The person may already have a SOBATAM ID or may still be in the waiting period.

It is not necessary to sign this form if the beneficiary is an immediate relative. However, to receive benefits, it will be required to provide a document to substantiate the relation with the deceased member.

No SOBATAM ID will be assigned, if the beneficiary is not an immediate relative and SOBATAM does not have this signed form on file.

This form must be signed before a Notary Public whose commission is still valid and who requires providing fingerprints.

1. Fill out the form with your full name, address, and the full name people currently designated as your beneficiaries on SOBATAM files. If you need more space, provide a separate attachment with the names of beneficiaries.
2. Sign the form in front of a Notary Public
3. Email a copy of the form along with a copy of your photo ID at registration@sobatam-na.org
4. Keep the original signed form for your record.